

Office of the Coroner  
Franklin County, Ohio  
Dr. Anahi M. Ortiz, Coroner

***AUTOPSY PERMIT***



2090 Frank Road  
Columbus, OH 43223

(614) 525-5290  
(614) 525-6002 (Fax)  
(614) 421-9102 (Morgue Fax)

**I HEREBY REQUEST:**

- ☐ I hereby authorize the Franklin County Coroner's Office to decide on organ/tissue/eye procurement
- ☐ I hereby DO NOT authorize the Franklin County Coroner's Office to decide on organ/tissue/eye procurement

☐ Complete Autopsy with Toxicology

☐ External Examination with Toxicology

**Justification for referral to FCCO for autopsy:**

**IDENTIFICATION OF THE BODY:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Death and Time: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
Who found the decedent? \_\_\_\_\_ Found When? \_\_\_\_\_  
Decedent positively identified: Y N Next of Kin Contact Information: \_\_\_\_\_

**INFORMATION RELATED TO CIRCUMSTANCES OR REQUEST FOR AUTOPSY:**

Narrative (describe the circumstances surrounding patient's death):

Past Medical History: \_\_\_\_\_

Substance Use History: \_\_\_\_\_

Social History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Drugs/Paraphernalia Found at scene: \_\_\_\_\_

Are medical records available? Y N

Are death scene photographs available? Y N

Is the Scene Report available? Y N

Call with preliminary results? Y N

Contact PHONE # for preliminary results: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Signature of Coroner or designee ordering autopsy:*** \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Will attend autopsy? Y N